

# COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

## APPLICANT INFORMATION

Applicant Name: Charles Hofmann Address: 9399 N. High Lonesome Rd  
Business Name: Hofmann Estate Vineyards & Winery City/Zip: McNeal, AZ 85617  
Liquor License #: 13023040 Parcel #: 111-45-229  
Ownership Type: Limited Liability Company Liquor License ☒ Special Event Liquor License ☐  
Partner(s): \_\_\_\_\_

## TO BE COMPLETED BY THE ENVIRONMENTAL HEALTH DEPARTMENT


We would like to request your assistance in reviewing the attached application.

Please provide any pertinent information for the Board's consideration:

Cochise County Environmental Health has no issues with the proposed license application. This is conditional upon permitting of the facility with this department.

## OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

- ☒ The Health Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.
- ☐ The Health Department is currently working with the property owner on health-related issues with the subject property.

Name: Carl Hooper Title: Environmental Health Specialist  
Signature:  Date: 8/31/2015  
Contact phone: (520) 432-9442 Email: chooper@cochise.az.gov

Return completed form with any attachments by: 9/2/15

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## For internal use only:

- ☐ Restaurant/Hotel-Motel  
☐ Club/Government  
☐ Transfer of Premises

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Partner(s): \_\_\_\_\_

### TO BE COMPLETED BY THE PLANNING & ZONING DEPARTMENT

Please advise if, at the time the application was filed:

1. The premises for which the license is being applied for is within 300 horizontal feet of a church; or
2. The premises for which the license is being applied for is within 300 horizontal feet of a public or private school, or a fenced recreation area adjacent to a school building.

If so, please attach pertinent documentation and drawings or maps.

Comments: Proposed site not within 300 horizontal feet of a church, public or private school, or fenced recreation area adjacent to a school building.

Based on the above information, the Planning and Zoning  
Department's recommendation to the Board of Supervisors is:

Approval



Disapproval



### OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

Proper Zoning? Y ☒ N ☐  
Use permitted by P&Z? Y ☐ N ☒  
Date Permit Issued: N/A  
If use not permitted, is it LNC? Y ☐ N ☒

Zoning: RU-4  
Permit#: Exempt  
Use Permitted: Ag Processing Service, On-Site  
Year LNC Established: N/A

- ☐ The Planning Department will notify the applicant that if any construction is proposed, a Non-Residential Permit must first be submitted and approved by this Department, or if there is a lapse of 12 months of non-operation of the business, a Non-Residential Permit will be required to re-establish the use from this Department.
- ☐ The Planning Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.
- ☐ The Planning Department is currently working with the property owner on several zoning-related issues with the subject property.
- ☐ The Planning Department is currently working with the property owner on obtaining the proper permits to operate the business.

Name: Dora V Flores Title: Zoning Administrator  
Signature: Dora V Flores Date: August 31, 2015  
Contact phone: 520-432-9300 Email: dflores@cochise.az.gov

Return completed form with any attachments by: 9/2/15

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Partner(s): \_\_\_\_\_

## TO BE COMPLETED BY THE SHERIFF'S OFFICE

Please advise if:

1. There have been a significant number of incidents at the named location within five (5) years prior to the application.

If so, please attach pertinent documentation.

Comments: There have not been a significant number of incidents within 5 years at this location.

Based on the above information, the Sheriff's Office recommendation to the Board of Supervisors is:

Approval

☐

Disapproval

☐

No Recommendation

☒

Name: Mark P. Genz

Title: Commander

Signature: s/Mark P. Genz

Date: 082815

Contact phone: 432-9506

Email: mgenz@cochise.az.gov

Return completed form with any attachments by:

9/2/15

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## TO BE COMPLETED BY THE TREASURER'S OFFICE

Please advise if the property taxes for the parcel in question are current.

XXX ☐ Yes ☐ No

If not, please attach pertinent documentation.

Comments:

Name: KATHLEEN WILSON Title: TAX SPECIAL I  
Signature: KATHLEEN WILSON Date: 8/26/15  
Contact phone: 520-432-8404 Email: KWILSON@COCHISE.AZ.GOV

Return completed form with any attachments by: 9/2/15

**From:** Wilson, Kathleen R  
**Sent:** Wednesday, August 26, 2015 12:11 PM  
**To:** Muenchow, Barbara  
**Subject:** 2014 ARE PAID IN FULL

Cashier: KWI

**Name 1 : HOFMANN CHARLES A & KAREN L**

**Name 2 :**

**Name 3 :**

**C/O Name :**

**Address : 7263 E EDWARD DR**

City,St,Zip: TUCSON AZ 85730

1st Half Paid By: HOFMANN KAREN L

Date Pd: 10.22.2014 AME

2nd Half Paid By: HOFMANN KAREN L

Date Pd: 10.22.2014 AME

1st Half Int Due: .00 1st Half Pen Due: .00

2nd Half Int Due: .00      2nd Half Pen Due: .00

**Option:**

P	H	F5-Legal Desc	F10-Roll Info
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### F3-Return

F12-Step back